2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 20, 2004 8:00 am Secretary of State **DOCUMENT # P01000038036** 01-20-2004 90073 002 ***150.00 1. Entity Name EXPERT WITNESS CONSULTING INC. Principal Place of Business Mailing Address 8717 OCONEE WAY 8717 OCONEE WAY YOUNGSTOWN, FL 32466 YOUNGSTOWN, FL 32466 3. Mailing Address 2. Principal Place of Business SVNE SAHE KS ABOUE ABOUT. Suite, Apt. #, etc. Suite, Apt. #, etc 01122004 Cha-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 59-3709961 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 10 V)E KING DAVID M Street Address (P.O. Box Number is Not Acceptable) 8717 OCONEE WAY YOUNGSTOWN, FL 32466 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Addition TITLE ☐ Delete TITLE NAME KING, DAVID M NAME STREET ADDRESS 8717 OCONEE WAY STREET ADDRESS CITY-ST-ZIP YOUNGSTOWN, FL 32466 CITY-S1-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP :Addition کی دیا تھے۔ Change کے ا TITLE -≕⊡ Delete≃ etiti Ficarica NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐. Delete TITLE TITLE NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SB, NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 12, 2004

EXPERT WITNESS CONSULTING INC. 8717 OCONEE WAY YOUNGSTOWN, FL 32466

SUBJECT: EXPERT WITNESS CONSULTING INC. Ref. Number P01000038036

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Ruby Dunlap Document Specialist

Letter Number: 304A00001935